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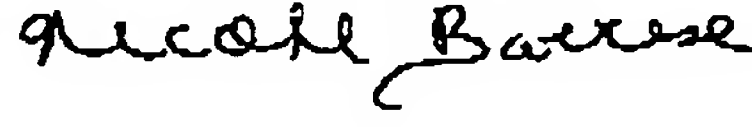
14

Re Applic of	James N. Humenik
Docket No.	FIS920020186US1
Serial No.	10/605,429
Filing Date	September 30, 2003
Attorney	Rosa Suazo

**Attached: Request for Continued Examination, Amendment Transmittal Letter,  
Preliminary Amendment****PLEASE DELIVER TO:**EXAMINER: Brian R. Gordon  
ART UNIT: 1743  
PHONE NO: 571-272-1258  
FAX NO: 571-273-8300

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INTERNATIONAL BUSINESS  
MACHINES CORPORATIONIntellectual Property Law  
East Fishkill Facility  
2070 Route 52  
Hopewell Junction  
New York 12533-6531Fax: 845-892-6363  
Phone: 845-894-2580

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>FIS920020186US1</b>	
Applicant(s): <b>James N. Humenik, et al.</b>					
Application No. <b>10/605,429</b>	Filing Date <b>09/30/2003</b>	Examiner <b>Brian R. Gordon</b>	Customer No. <b>32,074</b>	Group Art Unit <b>1743</b>	Confirmation No. <b>2428</b>
Invention: <b>MICROFLUIDICS PACKAGING</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	21 -	31 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3 -	4 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>09-0458</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 _____ Signature			Dated: <b>September 19, 2006</b>		
Rosa Suazo Registration No.: 56,753 Telephone No.: 845-892-9701 Fax No.: 845-892-6363			<b>CERTIFICATION OF FACSIMILE TRANSMISSION:</b> I hereby certify that this correspondence is being facsimile transmitted to the USPTO on the date shown below: Date of Transmission: Name of Person Making Transmission: <b>Nicole Barrese</b> Signature: 		
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